2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 22, 2001 8:00 am
Secretary of State
04-25-2001 90156 005 ***150.00

DOCUMENT # P00000042062

1. Entity Name
LES TROIS ANGES, INC.

Principal Place of Business	Mailing Address
MIAMI	527 3rd Ave SUITE 109 NY, NY 10016

[redacted]
46139
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7601 E TREASURE DR,	527 3rd Ave
Suite Apt. #, etc. 1115	Suite Apt. #, etc. 109
City & State NORTH BAY VILLAGE, FL	City & State NY NY [redacted]
Zip 33141 Country U.S.A	Zip 10016 Country U.S.A

4. FEI Number 65-1020885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Michael K Fish Street Address (P.O. Box Number is Not Acceptable): 7200 N. Kendall Dr Suite 501 City: Miami FL Zip Code: 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 3/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NATALIE FOSTER PRESIDENT 7601 E. TREASURE DR SUITE 1115 NORTH BAY VILLAGE, FL 33141	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	L. LOOMIS READ V-PRESIDENT 527 3rd AVE SUITE 109 NEW YORK, NY 10016	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LINDSEY LOOMIS READ April 16, 01 (212) 539-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

May 15th
Attachment
46139
#P00000042062

To whom it may concern
Fl. Dept. of ~~State~~,

Here is the document with the changes as requested. If there are any more questions please contact me at (212) 539-2615. Thankyou for your time & help.

sincerely,

Loomis Read

L. LOOMIS READ

REF # P00000042062